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B. Noel Kiylir	1	(Depositor's name)
, +		(Signature)
8-14-11		(Date)
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FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO 12/00/2003 Debiit Das Sarma 6363,00500 10/730 800 2609 TITLE OF INVENTION: APPARATUS AND METHOD FOR MULTIPLE PASS EXTENDED PRECISION FLOATING POINT MULTIPLICATION SMALL ENTITY ISSUE FEE DUE PURI ICATION FEE DUE PREV PAID ISSUE FEE TOTAL PRESS, DUE APPLN, TYPE DATE DUE noncrovisional NO \$1510 \$0 \$1510 08/11/2011 EXAMINER ADTINE CT ARR STIDET ARE NGO, CHUONG D 2102 708-502000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/J22) attached. or agents OR, alternatively, 2 Anthony M. Petro (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required. 31266 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Grand Cayman, Cayman Islands GLOBALFOUNDRIES Inc. Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. X Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501505 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 8-10-11 Authorized Signature B. Noel Kivlin 33929 Typed or printed name

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